West Virginia Department of Transportation

## **Division of Motor Vehicles Application for Refund**



P0 Box 17700 • Charleston, WV 25317 1-800-642-9066 • www.dmv.wv.gov

## ALL REFUND REQUESTS MUST BE ACCOMPANIED BY COPIES OF CANCELLED CHECKS, FRONT AND BACK.

**DMV Policy:** Refunds will be given for unused decals and unused plates with the return of the decal, plate, and registration card. **On duplicate payments, the Division will refund with both cash receipts and copies of both canceled checks.** On driver's license applications, the Division will refund only on a departmental error or the return of the photo card. On CDL's, the Division only refunds on departmental error. All applications for refund must be tendered to the Division of Motor Vehicles within six months after the date of transaction.

| A) Required R                         | Refund Information                               | n              |                |                 |                   |              |   |
|---------------------------------------|--|----------------|----------------|-----------------|-------------------|--------------|---|
| REFUND TO (NAME)                      |  |                |                |                 |                   |              |   |
| ADDRESS                               |  |                |                | CITY            |                   | STATE        | ZIP CODE  |
| DRIVER'S LICENSE NUMBER EXPIRATION DA |  |                |                | <u> </u><br>E   | DATE OF BIRTH     |              |   |
| PLATE NUMBER<br>(INCLUDE SPACES)      |  |                | VIN NUMBER     |                 |                   |              |   |
| MAKE                                  | MODEL  | YEAR           |                | WEIGHT          | TITLE             | NUMBER       |   |
| Reason for Re                         | fund   | '              |                | 1               |                   |              |   |
|                                       |  |                |                |                 |                   |              |   |
| Refund Total \$                       | <b>;</b>   |                | Signatuı       | re (X)          |                   |              |   |
| _                                     |  |                | 3              |                 | TURE - YOU MUST S | SIGN HERE TO | O CERTIFY YOUR REQUEST                            |
| B) Credit Card                        | d Payment Detail (                               | If app         | licable)       |                 |                   |              |   |
|                                       | nd Policy: You may onl<br>have a refund processe | •              |                |                 |                   |              | lit card was originally used initial transaction. |
| Card Type                             | DISCOVER'  | AMERIC<br>EXPR | ANJ<br>ESS     | MasterCard      | JVISA             | 1            |   |
| Card Number                           |  |                |                |                 | Ex                | oiration     | Date /  |
| Card Holder Signature (X)             |  |                |                | Date            |                   |              |   |
| Division of M                         | otor Vehicles Use                                | Only •         | lf error was m | ade by DMV, a S | Supervisor m      | ust sign (   | below.  |
|                                       |  |                |                |                 |                   |              |   |
| Supervisor's Signature                |  |                |                | FIMS Number     |                   |              |   |
| Accounting Sign-Off                   |  |                |                | Date            | _                 |              |   |
| Date Completed                        | Warrant Number                                   |                |                |                 | _                 |              |   |